

RESOLUTION 91-109

WHEREAS the Nassau County Anti-Drug Enforcement Grant Fund has received Federal pass-through grant funds from the State of Florida.

WHEREAS these revenues were not anticipated in the 1990/91 budget for the Nassau County Anti-Drug Enforcement Grant Fund.

BE IT THEREFORE resolved by the Board of County Commissioners, Nassau County, Florida in regular session, duly assembled on the 22th day of July, 1991, the following budget amendment pursuant to Florida Statutes Chapter 129.06(2)(d) be adopted:

REVENUE

123-331-210-101 Fed Grant Anti-Drug \$ 23,478.00

APROPRIATION

123-281-23-101 Life and Health Insurance \$ 1,186.00

123-281-91-101 Transfer Out-Sheriff 11,056.00


123-281-49-102 Educational Supplies 262.00

123-281-64-101 Equipment 10,875.00

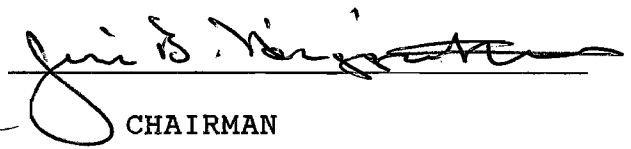
123-285-52-101 Operating Supplies 99.00

ADOPTED this 22th day of July, 1991.

ATTEST:



EX-OFFICIO CLERK


CHAIRMAN

9/1/09
 BFOPEXPN
 RUN DATE 07/15/91

NASSAU COUNTY BOARD OF COUNTY COMMISSION
 SUMMARY OF EXPENDITURES BY DEPARTMENT AND FUND
 FOR DATE ENDING 07/01/91

***** NASS CO ANTI-DRUG ENFORCEMENT GRANT FUND *****
 ***** SHERIFF *****

FUND 123 281

ACCOUNT	ACCOUNT DESCRIPTION	ORIG BUDG	AMEND	BUDGET	ENCUMBRANCES	EXPENDITURES	UNENCUMBERED
123-281-23-101	LIFE & HEALTH INSURANCE	0.00	① \$1186	0.00	.	1,185.52	1,185.52CR
123-281-40-101	TRAVEL & PER DIEM	0.00		0.00	.	.	0.00
123-281-44-101	VEHICLE RENTAL FEES	0.00		0.00	.	.	0.00
123-281-49-101	PRINTED EDUCATION MATERIAL	0.00		0.00	.	.	0.00
123-281-49-102	EDUCATION SUPPLIES	0.00	1262	520.00	0.00	1,219.26	699.26CR
123-281-49-103	CONFIDENTIAL INFORMANT/ NARCOTIC PURCHASES	0.00		0.00	.	.	0.00
123-281-52-101	OPERATING SUPPLIES	0.00		0.00	.	.	0.00
123-281-54-101	TRAINING	0.00		438.00	.	771.00	333.00CR
123-281-64-101	EQUIPMENT	0.00	10,875	21,316.00	0.00	44,491.54	23,175.54CR
123-281-91-101	TRANSFER OUT-SHERIFF	0.00		14,793.00	.	15,306.13	513.13CR
			① 15,056				
TOTALS FOR SHERIFF		0.00		37,067.00	0.00	62,973.45	25,906.45CR

23,379

000
 0.000000 *
grd funds
 8,411.190000 +
 3,830.520000 +
 002
 12,241.710000 ◊
insurance
 1,185.520000 -
 003
 11,056.190000 *
 TD - Sheriff

rev 23,478

BFOPEXP
 RUN DATE 07/15/91

NASSAU COUNTY BOARD OF COUNTY COMMISSION
 SUMMARY OF EXPENDITURES BY DEPARTMENT AND FUND
 FOR DATE ENDING 07/01/91

PAGE: 82

**** NASS CO ANTI-DRUG ENFORCEMENT GRANT FUND ****
 **** CITY OF FERNANDINA BEACH ****

FUND 123 285

ACCOUNT	ACCOUNT DESCRIPTION	ORIG BUDG	AMEND	BUDGET	ENCUMBRANCES	EXPENDITURES	UNENCUMBERED
123-285-44-101	VEHICLE RENTAL FEES	0.00		1,531.00	0.00	197.32	1,333.68
123-285-49-101	PRINTED EDUCATION MATERIALS	0.00		438.00	.	.	438.00
123-285-49-103	CONFIDENTIAL INFORMANT/ NARCOTIC PURCHASES	0.00		2,770.00	.	400.00	2,370.00
123-285-52-101	OPERATING SUPPLIES	0.00		1,225.00	52.50	132.59	1,039.91
123-285-64-101	CAPITAL EQUIPMENT	0.00		3,302.00	6,750.00	624.50	4,072.50CR
TOTALS FOR CITY OF FERNANDINA BEACH		0.00		9,266.00	6,802.50	1,354.41	1,109.09
TOTALS FOR NASS CO ANTI-DRUG ENFORCEMENT GRANT FUND		0.00		46,333.00	6,802.50	64,327.86	24,797.36CR
TOTALS FOR CITY OF FERNANDINA BEACH		0.00		0.00	0.00	0.00	0.00

285 99
 281 23,379

 23,478

:AUTO=ON : ENTRY :JOB=BFSJMAIN: BATCH=BFMMAB01:FORM=01 :REC=007993:FLD=001 :

FUND 123
DEPT 000
FUNCTION 331
OBJECT 210 -101
TITLE1 FED GRANT ANTI-DRUG ENFORCEMENT
TITLE2

DATE	DR	CR	BALANCE	REMARK	REFERENCE
07/08/91	0	15,066.71	43,334.90	CR #G 0059	91R01879
06/03/91	0	8,411.19	28,268.19	CR G 0059	91R01646
04/29/91	0	19,857.00	19,857.00	CR 91-CJ-28-04-55	91R01422

REL TO CONTINUE ELSE HELP

STATE OF FLORIDA

OFFICE OF COMPTROLLER

REMITTANCE ADVICE

4-12 939 081

THIS IS NOT A PAYMENT DEVICE

SAMAS ACCOUNT CODE	OLO	SITE	DOCUMENT NUMBER	OBJECT	DATE	PAYMENT NO
52-202333002-52600000-00-05004200	520000	00	D1000482185	7300	06/30/91	3061368

PAYMENT AMOUNT
\$ 15,066.71

DO NOT CASH



AGENCY DOCUMENT NO
VG03079

NASSAU COUNTY BCC
PO BOX 1010
FERNANDINA BCH FL 32034

INVOICE NUMBER	AMOUNT
1	\$ 15,066.71

123-

DETACH CAREFULLY AND RETAIN FOR YOUR RECORDS BEFORE CASHING OR DEPOSITING THE WARRANT

	SAMAS ACCOUNT CODE 52-202333002-52600000-00-05004200	DOCUMENT NO D1000482185	OBJECT 7300	DATE 06/30/91	WARRANT NO 3061368	63-69 630
STATE OF FLORIDA OFFICE OF COMPTROLLER					VOID AFTER 12 MONTHS 4-12 939 081 AMOUNT \$***15,066.71	
PAY FIFTEEN-THOUSAND-SIXTY-SIX & 71/100 DOLLARS						
TO THE ORDER OF NASSAU COUNTY BCC PO BOX 1010 FERNANDINA BCH FL 32034	VENDOR ID NUMBER				EXPENSE WARRANT TO: TREASURER OF FLORIDA TALLAHASSEE	
					 COMPTROLLER OF FLORIDA	

Check here for initial payment _____
Payment Number: 3

DEPARTMENT OF COMMUNITY AFFAIRS
REQUEST FOR PAYMENT

PLEASE TYPE

Emergency Management

Originating Division: _____

Make Warrant Payable to: NASSAU COUNTY BOARD OF COMMISSIONERS
(Same as Contract Name)

Mailing Address: _____
POST OFFICE DRAWER 1010
FERNANDINA BEACH, FL 32034

Contract No: 91-CJ-28-04-55-01-073 Amount of this Warrant \$ 15,066.71
(15-Digit DCA Number) (Same as Backup Documentation)

TR 70 ENC # 634860 LINE # 01
**ORG LEVEL 526010 **EO 28 OBJ CODE 730001

FINAL PAYMENT INDICATOR _____ *LEAVE
BLANK IF PARTIAL; INSERT "F" IF FINAL PYMNT.
(4/19-5/91)
CF _____ DESCRIPTION CLAIM # 2

AMOUNT \$ 15,066.71

**VENDOR NO. VF 591863042002

VOUCHER NO. 603079 LINE NO. 01

BEN. OBJ. _____ BEN. CAT. _____

**GRANT NO. G0059 CONTRACT NO. 34860

**FID 2-333002-050042 BY [Signature] DATE 6-20-91
(Fund Number and Category)

DATE: 6-20-91 APPROVED: _____

FOR CONSULTANT CONTRACTS ONLY:
Date Invoice Received: _____
Date Goods/Services Rec'd: _____
Date Goods/Services Insp.: _____

TRANS DATE 000000

Instructions:

- (1) Retain goldenrod copy of this form for your files.
- (2) Submit all other copies of this form to Office of Finance and Accounting, together with an original and 3 copies of all backup documents.
- (3) Submit the approved routing sheet and required attachments as per DCA Instructions.
- (4) Items marked by ** provided by the Program Office.

Narcotics Control Program
Payment Recap

Agency Name: NASSAU COUNTY BOARD OF COMMISSIONERS

Contract Number: 91-CJ-28-04-55-01-073

Claim No: #3

Budget Category -----	(28) Federal Funds -----	Agency Match Funds -----	Total Project Funds -----
Salaries & Benefits: ✓	3,830.52	1,276.84	5,107.36
Other Personal Services:	0.00	0.00	0.00
Expenses: <i>what o/c</i>	361.19	120.40	481.59
Operating Capital Outlay: ✓ <i>what o/c</i>	10,875.00	3,625.00	14,500.00
Data Processing Services:	0.00	0.00	0.00
Indirect Costs:	0.00	0.00	0.00
Total Columns:	15,066.71	5,022.24	20,088.95
*Funds Disallowed:	0.00	0.00	0.00
Net Allowable:	15,066.71	5,022.24	20,088.95

pay
\$ 20,088.95
M.D.

SUMMARY STATEMENT OF ANTI-DRUG ABUSE ACT PROJECT COSTS

INCURRED BY Nassau County Board of Commissioners

ADDRESS Post Office Box 1010

Fernandina Beach Florida 32034

FOR PERIOD OF April, 1991 through May, 1991

TELEPHONE NUMBER (904) 261-6127

PROJECT NUMBER 91-CJ-28-04-55-01-073 DATE OF CLAIM 06/06/91

CLAIM NUMBER 2

1. SALARY & BENEFITS	\$ <u>5107.36</u>
2. OTHER PERSONAL SERVICES (Temporary Employees/Contractual)	\$ _____
3. EXPENSES	\$ <u>481.59</u>
4. OPERATING CAPITAL OUTLAY	\$ <u>14500.00</u>
5. DATA PROCESSING SERVICES	\$ _____
6. INDIRECT COST	\$ _____
7. TOTAL COST CLAIM FOR PERIOD	\$ <u>20088.95</u>

I hereby certify that the above costs are true and valid costs incurred in accordance with the project agreement.

Signed [Signature]
Project Director

Narcotics Control Program
Payment Recap

Agency Name: NASSAU COUNTY BOARD OF COMMISSIONERS

Contract Number: 91-CJ-28-04-55-01-073

Claim No: #3

Budget Category	(28) Federal Funds	Agency Match Funds	Total Project Funds
Salaries & Benefits:	3,830.52	1,276.84	5,107.36
Other Personal Services:	0.00	0.00	0.00
Expenses:	① 361.19 <i>what etc</i>	120.40	481.59
Operating Capital Outlay:	① 10,875.00 <i>what etc</i>	3,625.00	14,500.00
Data Processing Services:	0.00	0.00	0.00
Indirect Costs:	0.00	0.00	0.00
Total Columns:	15,066.71	5,022.24	20,088.95
*Funds Disallowed:	0.00	0.00	0.00
Net Allowable:	15,066.71	5,022.24	20,088.95

① Expenses

99.44 - 123-285-52-101
261.75 - 123-281-49-101
361.19

13263
349 pay
481.59
20,088.95
M.D.

② 10,875.00 -
123-281-64-101

① Please give me
etc breakdown,
ie. invoice listing.
So I can do
budget amendment.
Need before 11am, sooner
the better. Thanks
C

STATE OF FLORIDA
OFFICE OF COMPTROLLER
REMITTANCE ADVICE

4-12 528 373

THIS IS NOT A PAYMENT DEVICE

SAMAS ACCOUNT CODE	OLO	SITE	DOCUMENT NUMBER	OBJECT	DATE	WARRANT NO
52-202333002-52600000-00-05004200	520000	00	D1000428583	7300	05/28/91	2697629

WARRANT AMOUNT
\$ 8,411.19

DO NOT CASH

AGENCY DOCUMENT NO
VG02705

NASSAU COUNTY BCC
PO BOX 1010
FERNANDINA BCH FL 32034

INVOICE NUMBER	AMOUNT
1	\$ 8,411.19

123 331 210-101

VOID DUPLIC.

7 91 11: 11

DETACH CAREFULLY AND RETAIN FOR YOUR RECORDS BEFORE CASHING OR DEPOSITING THE WARRANT

INVOICE
NUMBER

AMOUNT

1 \$ 8,411.19

123 331 210-101

AVON DEPT.

MAY 91 11:10

Check here for initial payment _____
Payment Number: 2

DEPARTMENT OF COMMUNITY AFFAIRS
REQUEST FOR PAYMENT

PLEASE TYPE

Originating Division: Emergency Management

Make Warrant Payable to: Nassau County Board of Commissioners
(Same as Contract Name)

Mailing Address: Post Office Drawer 1010
Fernandina Beach, FL 32034

Contract No: 91-CJ-28-04-55-01-073 Amount of this Warrant \$ 8,411.19
(15-Digit DCA Number) (Same as Backup Documentation)

TR 70 ENC # 634860 LINE # 01

**ORG LEVEL 526010 **EO 28 OBJ CODE 730001

FINAL PAYMENT INDICATOR _____ *LEAVE
BLANK IF PARTIAL; INSERT "F" IF FINAL PYMNT.

CF _____ DESCRIPTION Claim #1(12/14/90-3/31/91)

FOR CONSULTANT CONTRACTS ONLY:

Date Invoice Received: _____

Date Goods/Services Rec'd: _____

Date Goods/Services Insp.: _____

Chap

Narcotics Control Program
Payment Recap

Agency Name: Nassau County Board of Commissioners

Contract Number: 91-CJ-28-04-55-01-073 Claim No: 2

<u>Budget Category</u>	<u>(28) Federal Funds</u>	<u>Agency Match Funds</u>	<u>Total Project Funds</u>
Salaries & Benefits:	<u>\$8,411.19</u>	<u>\$2,803.74</u>	<u>\$11,214.93</u>
Other Personal Services:	<u> </u>	<u> </u>	<u> </u>
Expenses:	<u> </u>	<u> </u>	<u> </u>
Operating Capital Outlay:	<u> </u>	<u> </u>	<u> </u>
Data Processing Services:	<u> </u>	<u> </u>	<u> </u>
Indirect Costs:	<u> </u>	<u> </u>	<u> </u>
Total Columns:	<u>\$8,411.19</u>	<u>\$2,803.74</u>	<u>\$11,214.93</u>
*Funds Disallowed:	<u> </u>	<u> </u>	<u> </u>
Net Allowable:	<u>\$8,411.19</u>	<u>\$2,803.74</u>	<u>\$11,214.93</u>

Claim totalling _____ were disallowed for the reason(s)
indicated below:

Pay
\$8,411.19
M.A.

Chair
Chapman
MAY 8 1991
BUREAU OF PUBLIC SAFETY MANAGEMENT

SUMMARY STATEMENT OF ANTI-DRUG ABUSE ACT PROJECT COSTS

INCURRED BY Nassau County Board of Commissioners

ADDRESS Post Office Box 1010

Fernandina Beach Florida 32034

FOR PERIOD OF December 14, 1990 through March 31, 1991

TELEPHONE NUMBER (904) 261-8502

PROJECT NUMBER 91-CJ-28-04-55-01-073 DATE OF CLAIM 5/3/91

CLAIM NUMBER 1

1. SALARY & BENEFITS	\$ <u>11,214.93</u> ✓
2. OTHER PERSONAL SERVICES (Temporary Employees/Contractual)	\$ _____
3. EXPENSES	\$ _____
4. OPERATING CAPITAL OUTLAY	\$ _____
5. DATA PROCESSING SERVICES	\$ _____
6. INDIRECT COST	\$ _____
7. TOTAL COST CLAIM FOR PERIOD	\$ <u>11,214.93</u> ✓

I hereby certify that the above costs are true and valid costs incurred in accordance with the project agreement.

Signed *[Signature]*
Project Director